

COMBINED DECLARATION AND POWER OF ATTORNEY
AUTHORIZATION OF AGENT

ATTORNEY DOCKET NO.

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention

entitled A DEVICE FOR HOLDING A HAND-HELD SHOWERHEAD AND THE LIKE.

the specification of which

(Check one)

☐ is attached hereto.

☒ was filed on _____ as

Application Serial No. _____ and

was amended on _____
(If applicable)

was amended through _____
(If applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty of disclosure all information which is known to me to be material to the patentability in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

| | | | | |
|-------------------|--------------------|---------------------------------|------------------------------|-----------------------------|
| _____ (Number) | _____ (Country) | _____ (Day/Month/Year filed) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------|--------------------|---------------------------------|------------------------------|-----------------------------|

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| _____ (Number) | _____ (Country) | _____ (Day/Month/Year filed) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------|--------------------|---------------------------------|------------------------------|-----------------------------|

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| _____ (Number) | _____ (Country) | _____ (Day/Month/Year filed) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------|--------------------|---------------------------------|------------------------------|-----------------------------|

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States

| | | |
|----------------------------------------------------------------------------------------|---------------------------------------------|------------------|
| FULL NAME OF SOLE OR FIRST INVENTOR Sam ZHADANOV | INVENTOR'S SIGNATURE <i>S. Zhadanov</i> | DATE 01/21/02 |
| RESIDENCE 2942 West 5th St., Brooklyn, NY 11214 | CITIZENSHIP Citizen of U.S.A. | |
| FULL NAME OF SOLE OR FIRST INVENTOR ZHADANOV, Eli | INVENTOR'S SIGNATURE <i>Eli Zhadanov</i> | DATE 01/21/02 |
| RESIDENCE AND POST OFFICE ADDRESS 2944 W. 5th Street, Apt 20J Brooklyn, NY 11224 | CITIZENSHIP U.S.A. | |

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